

AR4RR

STATE OF ARKANSAS Withholding Tax Refund Request

FEIN: _____

Business Name: _____

Address: _____

Mail this form to:

Arkansas Individual Income Tax Section
Withholding Branch
P. O. Box 8055
Little Rock, AR 72203-8055
(501) 682-2212

INSTRUCTIONS

This form must be completed in order for a business to receive a refund of Arkansas withholding tax. **A detailed explanation of any changes must be attached to this form.** List the proper amount of taxes withheld, paid and the difference for each reporting period. Total the **TAX WITHHELD** and the **TAX PAID** columns below. If the total tax paid is greater than the total tax withheld, then subtract the total tax withheld amount from the total tax paid amount and enter the result on the **REFUND** line at the bottom of this form.

TAX YEAR _____

| PERIOD | TAX WITHHELD | TAX PAID | DIFFERENCE |
|--------|---------------------------|-----------------------|------------|
| JAN | _____ | _____ | _____ |
| FEB | _____ | _____ | _____ |
| MAR | _____ | _____ | _____ |
| APR | _____ | _____ | _____ |
| MAY | _____ | _____ | _____ |
| JUN | _____ | _____ | _____ |
| JUL | _____ | _____ | _____ |
| AUG | _____ | _____ | _____ |
| SEP | _____ | _____ | _____ |
| OCT | _____ | _____ | _____ |
| NOV | _____ | _____ | _____ |
| DEC | _____ | _____ | _____ |
| | TOTAL TAX WITHHELD | TOTAL TAX PAID | |
| | REFUND | | |

Signature

Date

Telephone Number